SUMMER APPLIED TECHNOLOGY AGRICULTURE PROGRAM APPROVAL REQUIREMENTS

- Instructor Assurances
- Student Assurances
- Student Enrollment Report
- Instructor Calendar of Activities

DISTRICT:	
HIGH SCHOOL:	
INSTRUCTOR:	
PRINCIPAL:	
ATE DIRECTOR:	
Please use the attached forms to plan your activities for you Program. These forms need to be reviewed and signed by entire packet of forms needs to be sent to the State Speciali of Education. Please secure the appropriate signatures before packet before funding can be approved. Your signature indicates that you have reviewed the attached appropriate and correct.	your Principal and ATE Director. A copy of this st for Agricultural Education at the Utah State Office ore sending. The State Specialist must receive this
Instructor:	Date:
	·
Principal:	Date:
ATE Director:	Date:

SUMMER APPLIED TECHNOLOGY AGRICULTURE PROGRAM APPROVAL REQUIREMENTS FOR INSTRUCTOR ASSURANCES

District:	School:
Instructor:	
Please check all that apply. All statements must be control of the for noted exceptions:	hecked before the program can be approved except
A teacher of a summer applied technology agriculture pr	rogram shall:
1 hold a valid Utah teaching certificate, with 911-3G (if you are a summer intern, leave this ite	th an endorsement in agriculture, as outlined in R277-em blank);
2 develop a calendar of activities which share by the state specialist for applied technology agriculture.	all be approved by district administration and reviewed icultural education;
·	the summer applied technology agriculture program. ctivities and be approved by the district administration;
4 not engage in other employment, including performance in the summer applied technology a	ng self employment, which conflicts with the teacher's agriculture program;
·	monthly report outlining accomplishments related to a istrict applied technology education director, and the
6 visit the participating students a minimum	n of two times during the summer program with a

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minimum average of four visits per student (140 total student contact visits).

SUMMER APPLIED TECHNOLOGY AGRICULTURE PROGRAM APPROVAL REQUIREMENTS FOR STUDENT ASSURANCES

District:	School:
Instructor:	
Please check all that apply. All statements must be cl for noted exceptions:	hecked before the program can be approved except
Students enrolled in a summer applied technology agricu	ulture program shall:
1 have on file in the teacher's and district o goal related to agriculture;	ffice a student educational/occupational plan (SEOP)
2 in conjunction with the student's parent o of activities, including a supervised occupational	or employer and the teacher, develop an individual plan experience program;
3 have completed the eight grade; and	
4 have not graduated from high school.	

SUMMER APPLIED TECHNOLOGY AGRICULTURE PROGRAM APPROVAL REQUIREMENTS CALENDAR OF ACTIVITIES

District:	School:
Instructor:	

Complete this calendar to indicate which days you will be working and which week days that you will not be working. You will need to work 45 eight (8) hour days during the three (3) month summer period if you are applying for full funding on your Summer Applied Technology Agriculture Program.

SUMMER CALENDAR OF ACTIVITIES JUNE 2006

SUN	MON	TUE	WED	THUR	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
		mmor Ag Dro		Nov 12 20		

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SUMMER APPLIED TECHNOLOGY AGRICULTURE PROGRAM APPROVAL REQUIREMENTS CALENDAR OF ACTIVITIES

District:	School:
Instructor:	

Complete this calendar to indicate which days you will be working and which week days that you will not be working. You will need to work 45 eight (8) hour days during the three (3) month summer period if you are applying for full funding on your Summer Applied Technology Agriculture Program.

SUMMER CALENDAR OF ACTIVITIES JULY 2006

SUN	MON	TUE	WED	THUR	FRI	SAT
30	31					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Summer Ag Program Forms Due May 12, 2006

SUMMER APPLIED TECHNOLOGY AGRICULTURE PROGRAM APPROVAL REQUIREMENTS CALENDAR OF ACTIVITIES

District:	School:
Instructor:	

Complete this calendar to indicate which days you will be working and which week days that you will not be working. You will need to work 45 eight (8) hour days during the three (3) month summer period if you are applying for full funding on your Summer Applied Technology Agriculture Program.

SUMMER CALENDAR OF ACTIVITIES AUGUST 2006

SUN	MON	TUE	WED	THUR	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

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SUMMER APPLIED TECHNOLOGY AGRICULTURE PROGRAM APPROVAL REQUIREMENTS STUDENT VISITATION RECORDS AND FINAL REPORT

District:	School:
District: Instructor:	

Please provide the following information on all students in the summer program:

#	NAME	OCCUPATIONAL GOAL	PROJECT	GRADE	1 st Visit	2 nd Visit	3 rd Visit	4 th Visit	5 th Visit
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Please provide the following information on all students in the summer program:

#	NAME	OCCUPATIONAL GOAL	PROJECT	GRADE	1 st Visit	2 nd Visit	3 rd Visit	4 th Visit	5 th Visit
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
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35									